## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

66672S

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN	
FC	OR	$\overline{}$	NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR		
		$\longrightarrow$	NOMBERT ILEB		2			<b> </b>	RATE	FEE	4	RATE	FEE
BASIC FEE									1. 2.645 e. 3.	345.00	OR	- 36	690.00
TOTAL CLAIMS			) minus 20=			* /			X\$ 9=	1	OR	X\$18=	
	DEPENDENT CL		minus 3 =			* /			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	<b>†</b> † ,	1 1		·
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	<del>  \</del>	OR OR	<u>.                                    </u>	
CLAIMS AS AMENDED - PART II									TOTAL	<u></u>	JOH	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLA REMA AFI AMENI			N PRE	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 4	<u>4                                    </u>	Minus	** <	20	=		X\$ 9=	/	OR	X\$18=	
AME	Independent	*	<u> </u>	Minus	***	5	=		X39=	/	OF/	X78=	
	FIRST PRESE	:NTATIO	N OF IVI	ULTIPLE DEF	PNDE	ENT CLAIM			+130= (	<b>/</b>	OR	+260=	
									TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)									DDIT. FEE		OR ,	ADDIT. FEE	
~		CL	AIMS		H	IIGHEST	(Column 3)			ADDI-	1 [		
AMENDMENT B		AF	AINING TER IDMENT		PRE	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u>		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	NOCM	Minus	***		=		X39=		OR	X78=	<del>-</del>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.120_			000	
									+130= TOTAL		OR	+260=	
				AC	DDIT. FEE		OR ,	TOTAL ADDIT. FEE					
	The state of the s		ımn 1) AIMS	12 1		olumn 2)	(Column 3)	_					
AMENDMENT C		REMA AF	AINING TER DMENT	•	NI PRE	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	Γ	X\$ 9=		OR	X\$18=	_ '
AME	Independent			Minus	***		=	一	X39=		ŀ	X78=	_
	FIRST PRESE	NTATIO	N OF MI	JLTIPLE DEP	'ENDE	NT CLAIM		-	<del>^</del>		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													